KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057
Phone: 334-215-5345

PATIENT NAM
Davis, Ricky

PRISON ID
173073

DATE SUBMITTED
1-31-06

NPY 19

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	NR	NEGATIVE (NEG)	
RPR	NR	NON-REACTIVE (NR)	
URINALYSIS	NEG		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

"A" These results are unreliable due to the age of the specimen.
"H" These results are unreliable due to the hemolyzed condition of the specimen.
"A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.

574

CLIA ID NO. 01D0706289

WAYNE D. MERCER, PHD
LABORATORY DIRECTOR

LabCorp Laboratory Corporation of America
LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000
Phone: 334-263-5745

LabCorp Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
031-684-3172-0	S	YX	COMPLETE	1

ADDITIONAL INFORMATION

NPY-19

FASTING: N
DOB: 1/30/1975

PATIENT NAME	SEX	AGE(YR./MOS.)
DAVIS,RICKY	M	30 /

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/31/2005	6:00	1/31/2005	1/31/2005	17:11	2574

CLINICAL INFORMATION
CD- 41139313263

PHYSICIAN ID.	PATIENT ID.
ROBBINS M	173073

ACCOUNT: Kilby Correctional Facility
Prison Health Services
12201 Wares Ferry Road
Mt Meigs AL 36507-0000
ACCOUNT NUMBER: 01306900

TEST	RESULT		LIMITS	LAB
CBC With Differential/Platelet				
White Blood Cell (WBC) Count	7.7	x10E3/uL	4.0 - 10.5	YX
Red Blood Cell (RBC) Count	5.06	x10E6/uL	4.10 - 5.60	YX
Hemoglobin	15.6	g/dL	12.5 - 17.0	YX
Hematocrit	44.5	%	36.0 - 50.0	YX
MCV	88	fL	80 - 98	YX
MCH	30.9	pg	27.0 - 34.0	YX
MCHC	35.1	g/dL	32.0 - 36.0	YX
RDW	12.8	%	11.7 - 15.0	YX
Platelets	200	x10E3/uL	140 - 415	YX
Neutrophils	56	%	40 - 74	YX
Lymphs	33	%	14 - 46	YX
Monocytes	6	%	4 - 13	YX
Eos	3	%	0 - 7	YX
Basos	2	%	0 - 3	YX
Neutrophils (Absolute)	4.3	x10E3/uL	1.8 - 7.8	YX
Lymphs (Absolute)	2.5	x10E3/uL	0.7 - 4.5	YX
Monocytes(Absolute)	0.5	x10E3/uL	0.1 - 1.0	YX
Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4	YX
Baso (Absolute)	0.2	x10E3/uL	0.0 - 0.2	YX

LAB: YX LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000
DIRECTOR: Alton Sturtevant B PhD

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

Facility Name: WLK

Month/Year of Charting: 12/05

Hour: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Mycolog Oint Bid x 14d.

Start Date: 12/5 Stop Date: 12/19 Prescriber: Darbouze RX #:

CTM ÷ po Bid x 5d.

Start Date: 12/5 Stop Date: 12/10 Prescriber: Darbouze RX #:

Sudafed ÷ po Bid x 5d.

Start Date: 12/5 Stop Date: 12/10 Prescriber: Darbouze RX #:

Rifampin 300mg ÷ po bid x 10 days

Start Date: 12/13/05 Stop Date: 12/23/05 Prescriber: Darbouze/MP RX #:

Bactrim DS ÷ po bid x 10 days

Start Date: 12/13/05 Stop Date: 12/23/05 Prescriber: Darbouze/MP RX #:

CTM ÷ po bid PRN x 3 days

Start Date: 12/13/05 Stop Date: 12/16/05 Prescriber: Darbouze/MP RX #:

Diagnosis

Allergies: PCN

Housing Unit:

Patient ID Number: 173073

Patient Name: DAVIS Ricky

Nurse's Signature	Initial	Nurse's Signature	Initial
Bushman		M Payne RN	MP
		C Garcia RN	CG
		S. Smith RN	SS

Date of Birth: 1/30/75

Documentation Codes
1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name: ECF

Month/Year of Charting: 12/05

Sudafed i po bid prn x 3 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4a	→	→	→	→	→	→	→	→	→	→	→	→	3	SB	SB	SB	←	←	←	←	←	←	←	←	←	←	←	←	←		
4p	→	→	→	→	→	→	→	→	→	→	→	→	S	√	√	B	←	←	←	←	←	←	←	←	←	←	←	←	←	←	

Start Date: 12/13/05 Prescriber: Darbouze/NP

Stop Date: 12/16/05 RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis

Allergies: PCN

Nurse's Signature	Initial	Nurse's Signature	Initial
M Payne RN	MP	C Garcia	√
		S. [illegible]	S

Housing Unit:

Patient ID Number: 173073

Patient Name: Davis, Ricky II

Date of Birth: 1/30/75

Documentation Codes
1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name: Easterling

Month/Year of Charting:

AFC BID x 14 day

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a
4p

Start Date: 9-3-05 Prescriber: Danbouze

Stop Date: 9-16-05 RX #:

Bactrim DS 1 po qd x 3wk

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

Start Date: 9/7 Prescriber: Danbouze

Stop Date: 9/28 RX #:

Doxycycline 100mg 1 po qd x 3wk

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

Start Date: 9/7 Prescriber: Danbouze

Stop Date: 9/28 RX #:

Benzoyl Peroxide qd x 9d.

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

Start Date: 9/7 Prescriber: Danbouze

Stop Date: 9/15 RX #:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:

Stop Date: RX #:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis

Allergies

PCN, Antidepressants

Housing Unit:

Patient ID Number:

Patient Name:

Davis Ricky 173070

Nurse's Signature	Initial	Nurse's Signature	Initial
JScottlym	JS		
SWaychoff RN	SW		
A. Ewing	AE		

Date of Birth: 1-30-75

Documentation Codes

1 Discontinued Order
2 Refused
3 Patient out of facility
4 Charted in Error
5 Lock Down
6 Self Administered
7 Medication out of Stock
8 Medication Held
9 No Show
10 Other

MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	HOUR	1–29
Feldene 20mg ⁱ PO QD x7 060105–060705 Dorbouze / RT	4pm	0 0 0 0 0 0 0 X ———
Tylenol 1gm PO tid x 3 PRN 060105–060305	4A / 9A / 4pm	X ——— / X ——— / X ———
CTM ⁱ PO tid PRN x3 060105–060305	4A / 9A / 4pm	X ——— / X ——— / X ———
Peroxide Rinses BID x7d 6/21/05–6/28/05 West	4a / 4p	——— X D D D D D D D X / ——— X D D D D D D X (1 2 3 4 5 6 7)

MEDICATIONS HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 3

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 060105 THROUGH 063005

Physician Dorbouze

Alt. Physician

Telephone No.

Alt. Telephone

Medical Record No.

Allergies PCN

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked: By: [signature] Title: RN Date: 0601[illegible]

PATIENT Davis, Ricky

PATIENT CODE 173073

ROOM NO.

BED

FACILITY C[illegible] Ea[illegible]

MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	HOUR
Bactrim DS i po BID x10 days 5/5/05 5/15/05 Darbouze	4a 4p
Doxycycline 100mg Please give c toast. i po BID x10 days 5/5/05 5/15/05 Darbouze	4a 4p
Tylenol 500mg ii po BID x 10 days 5/5/05 5/15/05 Darbouze	4a 4p

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 5/05 THROUGH 5/05

Physician Darbouze

Alt. Physician

Telephone No

Alt. Telephone

Medical Record No

Allergies PCN

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By: J Hawkins Title: LPN Date: 5/5

PATIENT Davis, Ricky

PATIENT CODE 173073

ROOM NO.

BED

FAC

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Davis Date of Request: 1/16/05
ID # 173073 Date of Birth: 1-30-75 Location: 5-B-11
Nature of problem or request: I have 2 not's in my left Arm And I have A lump in my Chest the one's in Arm's Hurt and my Gums Swollen And Hurt And Bleed

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective **(V/S):** **T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment: See Net 1/17/2006

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

J. Cheng TRN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS

Nursing Evaluation Tool: Dental Complaint

Facility:
Patient Name: Davis (Last) Ricky (First)
Inmate Number: 173073 Date of Birth: 1 / 30 / 1975 MI (MM / DD / YYYY)
Date of Report: 1 / 17 / 2006 (MM / DD / YYYY) Time Seen: 9:45 AM / (PM) Circle One

Subjective: Chief Complaint(s): "My gums are swollen and hurt and bleed."
Onset: 1 week
History: Never have had teeth cleaned.
(Continue on back if necessary)

☐ Check Here if additional notes on back

Is the problem: ☑ New ☐ Chronic Problem related to: ☐ Recent trauma ☐ Recent dental work ☐ Other:
Injury sustained in altercation with custody staff, or other inmate: ☑ NO ☐ YES (Requires notification of correctional staff)
Dental Pain: Right: ☐ Upper Back ☐ Upper Front ☐ Lower Back ☐ Lower Front ☐ Lower front Left: ☐ Upper Back ☐ Upper Front ☐ Lower Back ☐ Lower front
Type of Pain: ☐ Aching ☐ Throbbing ☐ Dull ☐ Sharp ☐ Constant ☐ Intermittent
Sensitive to Hot or Cold: ☑ No ☐ Hot ☐ Cold ☐ Sensitive to both Hot & Cold Pain Scale: (1-10)_____
Associated Symptoms: ☐ Sinus problems ☐ Difficulty chewing ☐ Earache ☐ Sore throat ☐ Other:

Objective: Vital Signs: (If Indicated) T: 97.8 P: 70 RR: 18 B/P: 136 / 80

Visual evidence of tooth decay/fracture	☑ No ☐ Yes	Visible external swelling	☑ No ☐ Yes		
Visual evidence of missing filling	☐ No ☑ Yes	Swelling/redness/pus surrounding affected tooth:	☑ No ☐ Yes		
Pain upon opening jaw widely	☑ No ☐ Yes	Evidence of trauma/injury to jaw/face	☑ No ☐ Yes		

☐ Additional Examination: No swelling, or bleeding noted
(Continue on back if necessary)

☐ Check Here if continued on back

Assessment: (Referral Status)
☐ Referral Not Required
☑ Referral Required due to the following: (Check all that apply)

Preliminary Determination(s):

- ☐ Fever
- ☐ Earache/sore throat/sinus problems
- ☐ Pain upon opening mouth widely
- ☐ Evidence of pus collection or swelling
- ☐ Recent dental surgery/procedure
- ☐ Significant injury/trauma to jaw
- ☐ Recurrent Complaint (More than 2 visits)
- ☐ Other: (Describe)

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☑ For tooth pain; instruct patient to avoid hot/cold food; to chew on the opposite side of the tooth pain and to do salt water gargles PRN
☐ Warm rinses PRN (Note: DO NOT apply warm compress to outside of face for dental abscess)
☑ Cold Compress PRN for minor trauma
☑ Instructions to return if condition worsens.
☑ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☑ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ Other: (Describe)

☐ OTC Medications given ☑ NO ☐ YES (If Yes List):
Referral: ☐ NO ☑ YES (If Yes, Whom/Where): West Date for referral: 1 / 17 / 2006 (MM / DD / YYYY)
Referral Type: ☑ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

x J. Ivey TRN
Nurses Signature

Name: J. Ivey TRN
Printed

PHS

Nursing Evaluation Tool: General Sick Call

Facility: ECF
Patient Name: DAVIS (Last) Ricky (First)
Inmate Number: 173073
Date of Birth: 1 / 30 / 1975 (MM / DD / YYYY)
Date of Report: 1 / 17 / 2006 (MM / DD / YYYY)
Time Seen: 9:45 AM / PM Circle One

Subjective: Chief Complaint(s): "I got 2 knots on my (D)arm and one on my chest."
Onset: about a year.

Brief History:
(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 97.8 P: 70 RR: 18 B/P: 136 / 80

Examination Findings: Knots felt on (D)arm and on sternal.
(Continue on back if necessary)

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s):

☐ Referral NOT REQUIRED

☑ Referral REQUIRED due to the following: (Check all that apply)

☑ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☑ Instructions to return if condition worsens.

☑ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: (Describe)

OTC Medications given ☑ NO ☐ YES (If Yes List):

Referral: ☐ NO ☑ YES (If Yes, Whom/Where): Parbouge Date for referral: 1 / 24 / 2006 (MM / DD / YYYY)

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

X J. Chey TRN
Nurses Signature

Name: J. Ivey
Printed

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 12/30/05
ID # 173073 Date of Birth: 1/30/75 Location: 5-B-11
Nature of problem or request: ~~[illegible]~~
my Ear And Jaw Hurts From where I was Assaulted By sgt Bryant
on 12/30/05 At 2:30 to 3:00 AM Ricky Davis 173073
Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/2/2006
Time: ____________ AM PM
Allergies: ______________

[signature]

RECEIVED
Date:
Time:
Receiving Nurse Intials ______
JAN - 1 2006

(S)ubjective:

(O)bjective **(V/S): T:** ________ **P:** ________ **R:** ________ **BP:** ________ **WT:** ________

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS

Nursing Evaluation Tool:

General Sick Call

Facility: ECF

Patient Name: DAVID Last Ripley First

Inmate Number: 173073

Date of Report: 1 / 2 / 2006 MM DD YYYY

Date of Birth: 1 / 30 / 75 MM DD YYYY MI

Time Seen: 840 AM / PM Circle One

Subjective: Chief Complaint(s): My ear & JAW hurts Flew when I was Assaulted 5 days ago on 12-30-05

Onset:

Brief History: My ear and my JAW hurts when I eat only

(Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 98.8 P: 76 RR: 16 B/P: 120 / 80

☐ Check Here if additional notes on back

Examination Findings: RT. EAR - NO bleeding noted or swelling - Able to hear when someone talks to him STATES he RT. JAW hurts when he eats - NO Swelling on JAW line noted - TALKing without any difficulty

Assessment: (Referral Status) Preliminary Determination(s):

☐ Check Here if additional notes on back

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☒ Other: EVALUATION

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other: X-RAY RT MANDIBLE AND RT MAXILLA (Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): DC Dagon Date for referral: 1 / 15 / 2006 MM DD YYYY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

Nurses Signature Name: D. Bowman LVN Printed

PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis Ricky D.O.B.: / /
12-30-05 315 Am	While doing pill call in Seg on B Side inmate Davis stated to me that he needed a body chart due to being Deaf. NO visible distress noted. Able to view inmate thur cell door. Redness noted to ® Side of Face. ~~door~~. Explained to Off on need For Body chart Pr Fr request. States we will ~~do~~ bring him over To Feeding ——— Phynon R
12-30-05 4:16 Am	Again called Seg For inmate For Body chart talked to OFF. I. Jones. State I will inform offices ——— Phynon R
12-30-05 415	Rec call From Shift Commander Sgt. Bryant States inmate does not need Body chart. ——— Phynon R

60111 (5/85)

Complete Both Sides Before Using Another Sheet

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 12/7/05
ID # 123023 Date of Birth: 1/30/75 Location: 5-B-11
Nature of problem or request: I Went And Seen the Dr on the 12/6/05 And He Put me on some Cream For Dry skin [redacted] And I have use [redacted] it 3 Time's And it has my leg Broke out in A Bad Rash

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: DEC 8 [illegible]
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective **(V/S):** **T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS

Nursing Evaluation Tool:

Dermatitis (Rashes)

Facility: ECF

Patient Name: Davis, Ricky (Last, First, MI)

Inmate Number: 173073

Date of Report: 12 / 8 / 05 (MM / DD / YYYY)

Date of Birth: 1 / 30 / 75 (MM / DD / YYYY)

Time Seen: 915 AM / ~~PM~~ (Circle One)

Subjective: Chief Complaint: ☐ Itching ☐ Burning ☐ Redness ☐ Swelling ☐ Weeping ☐ Blisters ☐ Lice/Scabies/Nits ☐ Other: Denies any of above symptoms

Onset: yesterday

Location: (L) ↓ leg (forearm)

History: States "broke out" from Mycolog cream given for dry skin (Continue on back if necessary)

Associated Symptoms: ~~☐ None~~ ☐ Fever ☐ Upper Respiratory Symptoms ☐ Tongue Swelling/Throat Closing ☐ Facial/Neck Swelling ☐ Difficulty breathing ☐ Other: ☐ Check Here if additional notes on back

Recent environmental contacts (allergens/Irritants): denies

History of new medication: Mycolog

Objective: Vital Signs: (If Indicated) T: 97.8 P: 68 RR: 20 B/P: 116 / 80

Exam: Lesion(s): ☐ NO ~~☐ YES~~ Description: multiple red, raised, blisters to (L) ↓ leg

Redness/Swelling/Streaking: ☐ NO ☒ YES (If Yes, Describe):

☐ Additional Examination: (Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s): D/C Mycolog ointment per pt thinks reaction ☐ Check Here if continued on back

☒ Referral Required referral due to the following: (Check all that apply)

☐ Respiratory distress ☐ Tongue or facial swelling ☐ Hives ☐ Wheezing

☐ New medication ☐ Signs of infection ☐ Recurrent Complaint (More than 2 visits)

☐ Other: Unresolvable by nurse (Describe)

Plan: Check All That Apply:

☐ Meds given per approved OTC med list: ☐

☐

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Education signs and symptoms of severe allergic reaction: (Difficulty breathing, throat or facial swelling). Pt instructed to seek immediate seek immediate medical attention if these should occur

Other OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral ☐ NO ☒ YES (If Yes, Whom/Where): MD Date for referral: 12 / 13 / 05 (MM / DD / YY)

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

x CWambles RN
Nurses Signature

Name CWambles RN
Printed

PHS

Nursing Evaluation Tool: General Sick Call

Facility: ECF
Patient Name: Davis (Last) Ricky (First) (MI)
Inmate Number: 173073
Date of Birth: 1 / 30 / 75 (MM / DD / YYYY)
Date of Report: 11 / 21 / 05 (MM / DD / YYYY)
Time Seen: 9:10 AM (PM) Circle One

Subjective: Chief Complaint(s): sores inside nasal passage
Onset: X 2 wks
Brief History: pt c/o dry ~~cracking~~ cracking areas inside nose, pt states areas scab over but will bleed when clearing his nose
(Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 96.2 P: 64 RR: 14 B/P: 104 / 64
☐ Check Here if additional notes on back
Examination Findings:
(Continue on back if necessary)

Assessment: (Referral Status) Preliminary Determination(s):
☐ Check Here if additional notes on back

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☒ Other: unresolvable by nursing staff

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: (Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): MD Date for referral: 11 / 28 / 05 (MM / DD / YYYY)

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

X _____ Nurse's Signature Name: S Crafford Printed

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Davis Date of Request: 11/27/05
ID # 173073 Date of Birth: 1-30-75 Location: 5-B-11
Nature of problem or request: the in side of my Nose is Dry And [redacted] sore And craking And bleeds

Ricky wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 11/21/05
Time:
Receiving Nurse Intials MP

(S)ubjective:

(O)bjective **(V/S):** **T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade DAVis Date of Request: 9/2/05
ID # 173073 Date of Birth: 1/30/75 Location: 5-B-1cell
Nature of problem or request: my neck is Broke out ~~and~~ and my feet are to

Ricky DAVis
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/2/05
Time: 8:45 AM PM
Allergies: PCN, Antidepressants

RECEIVED
Date: 9/2/05
Time:
Receiving Nurse Intials MH

(S)ubjective: "I used HC cream and it got worser" "I only used the antifungal cream for 2 days"

(O)bjective (V/S): T: 97.8 P: 64 R: 14 BP: 115/82 WT: 172
AAOx3, skin warm and dry - pt has multiple lesions on (R) post neck & (L) jaw line, pt c/o intense itching and condition worsened when HC 1% cream from canteen was used, pt also c/o continued pxc

(A)ssessment: athlete's foot fungus, Miconazole gave relief in the past per pt
alt in skin integrity

(P)lan: refer to MD Miconazole apply BID X 14d to feet

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (X) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

[signature]
SIGNATURE AND TITLE

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GLF-1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 8/26/05
ID # 173073 Date of Birth: 1-30-75 Location: 9-A-35
Nature of problem or request: my Neck is Broke out and it Hurt's And my Foot is Broke out to Thank's

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/28/05
Time: 1735 AM PM
Allergies: PCN

RECEIVED
Date:
Time: AUG 26 2005
Receiving Nurse Intials ______

(S)ubjective: "I have a Rash on the back of my Neck. I tried HC Cream it made it worse. I have jock itch & athlete feet too."

(O)bjective **(V/S): T:** 98.4 **P:** 74 **R:** 16 **BP:** 118/68 **WT:** 172
Pt to S/C c̄ a rash to the back of Neck noted. Pt State has been using HC Cream & it has worsened. Pt also has

(A)ssessment: athlete feet & jock itch Noted. AxOx3. Skin W/D to touch. Resp c̄ ease. Alt in Skin integrity.

(P)lan: MD appt given
1 tube Micronazole for jock itch given to Kop

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

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GLF-1002 (1/4)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Davis Date of Request: 7/13/05
ID # 17073 Date of Birth: 1/30/73 Location: 9-A-35
Nature of problem or request:
Toe

Ricky Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 7-13-05
Time: 9:30AM
Receiving Nurse Intials

(S)ubjective:

(O)bjective (V/S): T: **P:** **R:** **BP:** **WT:**

(A)ssessment:

Warm & dry

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
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GLF-1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 5/3/05
ID # 173073 Date of Birth: 1/30/75 Location: 9-A-43
Nature of problem or request:
I have a spider bite or cist, or staf infection on my side, on my arm and leg. Need to see dentist. Need to see the doctor.

Ricky Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/4/05
Time: 845 AM PM
Allergies: PCN

RECEIVED
Date:
Time:
Receiving Nurse Intials ______

(S)ubjective: "I have these bites or something."

(O)bjective (V/S): T: 98.4 **P:** 68 **R:** 18 **BP:** 110/64 **WT:** 174
Pt has two areas noted to (L) side & under (L) arm that is red & swollen. Has pinpoint brown spot noted to center. No drainage at this time. Also requesting to see dental. Ntox3. Sp[illegible] to [illegible] keep clean.

(A)ssessment:

(P)lan: Tylenol tabs 500mg ii Bid x 10 days
Doxicycline 100mg i Bid x 10 days
Bactrim DS i Bid x 10 days.
Refer to Dental.

Refer to: MD/PA Mental Health Dental ~~Daily Treatment~~ Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

noted 5/5/05 [illegible]

[signature]
SIGNATURE AND TITLE

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GLF-1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: EMS

Date: 3/15/05 Time: 2135 AM/PM

RECEIVED FROM:
Institution/Work Release Center/Free-World Hospital

RELEASED: Inmate/Health Record

Institution: KCF

Date: 3/14/05 Time: _____ AM/PM

RELEASE FROM:
- [ ] Infirmary
- [ ] Segregation
- [x] Population
- [ ] Mental Health
- [ ] Other _____

RELEASE TO:
- [x] DOC
- [ ] Infirmary
- [ ] Mental Health
- [ ] _____
Institution/Work Release Center/Free-World Hospital

ALLERGIES:

PCN

PHYSICAL EXAMINATION

Date of last exam: 1/31/05

Chest X-Ray Date: _____ Result: UNK

PPD Reading 2/3/05

Classification: _____

Limitations: _____

RECEIVING MEDICAL STATUS
- [x] Population
- [ ] Infirmary
- [ ] Isolation

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	1/31/05	☑	☐
Urinalysis	1/31/05	☑	☐
_____	_____	☐	☐

	YES	NO
Wears Glasses/Contacts	☐	☒
Dental Prosthesis	☐	☒
Hearing Aide	☐	☒
Other Prosthesis	☐	☒

Receiving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

Ø

MEDICATIONS	☐ Sent w / inmate	☐ Not sent w / inmate
X-RAY FILM	☐ Sent w / inmate	☐ Not sent w / inmate
HEALTH RECORD	☐ Sent w / inmate	☐ Not sent w / inmate

Released to: _____

Date: _____ Time: _____ AM/PM

MEDICATIONS	☐ Received	☒ Not Received
X-RAY FILM	☐ Received	☒ Not Received
HEALTH RECORD	☒ Received	☐ Not Received
CHART REVIEWED	☒ YES	☐ NO

Received by: _____
Signature of Receiving Nurse
Date: 3/15/05 Time: 2140 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED

	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
☐ Medical ☐ Dental				
☐ Mental Health				

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation)

		Yes	No
HISTORY	Drug Use	✓	
	Mental Illness		✓
	Suicide Attempt		✓
	Chronic Care		✓
STATUS	Special Diet		✓
	Appearance		

OTHER PERTINENT NURSING ASSESSMENT

A. Dulaney LPN

Signature of Nurse Completing Assessment (Sending Nurse)

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		X
	Lice		X
	Edema		X
	Warm & Dry	X	
	Cool & Moist		X
CONDITION	Alert	X	
	Oriented	X	
	Uncooperative		X
	Depressed		X

3/14/05
Date

Signature of Intake Screening Nurse (Receiving Nurse)

INTAKE

Sick Call Procedures Explained	Yes
Height	5'9"
Weight	165
Blood Pressure	100/68
Temperature	97.4
Pulse Resp.	60/14
Other	

3/15/05
Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Davis Ricky W	173073	1-30-75	B/M	KCF

PHS-MD-70009

(White - Medical Jacket, Yellow - Transfer Coordinator)

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 4/22/05
ID # 173073 Date of Birth: 1-30-75 Location: 9-A-43
Nature of problem or request: I have knots in my chest and 2 knots in each of my arms. It is constantly giving me problems.

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/22/05
Time: 900 AM PM
Allergies: PCN

RECEIVED
Date:
Time: APR 23 2005
Receiving Nurse Intials _____

(S)ubjective: "I have knots coming up in my arms. The one in my chest has been there for a month & a ½. It is getting bigger."

(O)bjective (V/S): T: 98 P: 74 R: 18 BP: 108/74 WT: 175 lb
A & O x 3 NAD Sclera & Conj. clear. Skin warm & dry. Lungs CTA. Heart RRR. Abd soft, NT, ND, +BS. Has a 5x5 mobile cyst noted on chest. Also several knots noted on back arms. Pt states they are getting bigger. AAOx3. Skin W/D to touch. Resp even & unlabored.

(A)ssessment:
Acute w/ complete R/T acute w/ health maintenance

(P)lan: MD appt given.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

4/27/05

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis Ricky D.O.B.: 1/30/75
3/15/05 2135	rec'd @ BAS, kitchen clearance completed, access to health care explained
4/27/05 7:50A	wt. 171 120/80 80 18 T 97.8
	S Knots arms, chest.
S	30 y/o c/o knots over forearms and chest x few months
O	NAD, v.s.
	skin: 0.5x1cm subcutaneous nodules x 2 at the [illegible] area mobile, non tender with all skin except for large tattoo
	x2 0.5x1cm nodule R forearm
	x1 at the xyphoid area.
A/P	SQ nodules likely 2° to lymph nodes - not 2° to any pathology
	No Rx further evaluation needed.
	RT to return for ↑ in size, pain.

60111 (5/85)

Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: Davis, Ricky D.O.B.: 1/30/75
1/30/06	S/c Lump Chest
S	30 y/o ♂ [illegible] lumps [illegible] and chest that are painful since before [illegible].
O.	0.5-1 cm lymph nodes palpable [illegible], and [illegible] [illegible] skin - no [illegible], no tenderness
	P: Education. pt is informed about the benign nature of these nodules - no Rx indicated now.

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis, Ricky D.O.B.: 1/30/[illegible]
9/7/[illegible] S	S/C Rash neck + itching . was given by [illegible]
	[illegible] went [illegible] 5 days ago .
O -	
	NAD
	skin : few erythematous papules over the
	lower occipital area - no pustules,
A/P	foll. [illegible] capitis
	Plan : - Bactrim DS [illegible] Q[illegible] x 3 weeks
	- [illegible]
	- keep skin dry / clean .
12/5/05 11:15 A	Wt. 177 97° 110/80 68 16
S	SC sores in nose. rash over face and legs
O -	NAD [illegible]
	Nostril : mild erythema [illegible], no exudate
	skin : mild scaly erythematous rash over
	face around the [illegible] eyebrows, [illegible]
	over the [illegible]
A/P	[illegible] seborrheic Dermatitis
	Plan : - [illegible] BID [illegible] x 7 days
	- [illegible] BID [illegible] x 14 days
	- keep skin dry / clean , [illegible] water [illegible]

60111 (5/85)

Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: DAVIS RICKY D.O.B.: 11/30/75
12/13/05 S	30 WM c/o rash over face & legs and legs that he relates to
	the [illegible] not prescribed for seborrheic dermatitis last week
	he is also c/o sinuses congestion
O –	NAD, VSS
	skin: erythematous plaques with few papules over
	the L [illegible] area ~ 12 x 5 cm
	Nostril: intact
	0.5 cm superficial ulcer over the upper lip
	face: [illegible] [illegible] [illegible] resolved
A/P	Cellulitis / folliculitis ?
	Rx: Bactrim + diflucan BID x 10 days;
	CTM + Sudafed for allergies congestion
	keep skin dry / clean and [illegible] [illegible]
	[signature]

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HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis, Ricky	D.O.B.: 1/30/75
1/6/06 12p	S/C Ear + Jaw pain	
)	30 y/o [illegible] c/o pain R ear and R side of face	
	s/p Physical assault on 12/30/05	
O-	[illegible]: Bruise over the R lower eyelid	
	[illegible], no conjunctival erythema.	
	[illegible] - [illegible] intact	
	Oral: wnl	
	Neck supple	
	Lungs: CTA Heart: rrr	
	Neuro: intact	
	Xray: no fracture of the facial bones	
A/P	Bruise of face	
	[illegible] Tylenol [illegible] TID [illegible]	
	[illegible]	

60111 (5/85)

Complete Both Sides Before Using Another Sheet

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Davis Ricky 173073 B
D.O.B. 1/30/75
ALLERGIES: PCN
Use Last Date 1/5/06
noted D. Ewin 1/5/06

DIAGNOSIS (If Chg'd)
Tylenol 1g Po TID PRN x 10 days
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis Ricky #173073
D.O.B. 1/30/75
ALLERGIES: PCN
Use Fourth Date 12/13/05
noted 12/13/05 [illegible] 12:45P

DIAGNOSIS (If Chg'd) Folliculitis, URI
Rifampin 300mg i Po BID x 10 days
Bactrim DS i Po BID x 10 days
CTM i Po BID PRN x 3 days
Sudafed i Po BID PRN x 3 days
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis, Ricky
D.O.B. 1/30/75
ALLERGIES: PCN
Use Third Date 12/5/05
noted SB 12/5/05

DIAGNOSIS (If Chg'd) Seborrheic dermatitis, URI
Mycolog oint BID x 14 days
CTM i Po BID x 5 days
Sudafed i Po BID x 5 days
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis Ricky #173073
D.O.B. 1/30/75
ALLERGIES: PCN
Use Second Date 9/7/05
noted SB 9/7/05 1730

DIAGNOSIS (If Chg'd) Folliculitis Capitis
Bactrim DS i Po QD x 3 weeks
Doxycycline 100mg i Po QD x 3 weeks
Benzoyl Peroxide 1 QD x 7 days
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis, Ricky 173073 B
D.O.B. 1/30/75
ALLERGIES: PCN
Use First Date 8/12/05
[illegible]

DIAGNOSIS
H_2O_2/water rinses twice daily x 9 days
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME:

D.O.B. / /

ALLERGIES:

Use Last Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

D.O.B. / /

ALLERGIES:

Use Third Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

D.O.B. / /

ALLERGIES:

Use Second Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: DAVIS, RICKY
173073

D.O.B. 1/30/75

ALLERGIES: PCN

Use First Date 1/14/06

Noted Jackson 1-17-06 IR

DIAGNOSIS

PPD

VS OF Darbepoetin

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

1/17/06

MEDICAL RECORDS COPY

60110 (4/03)